

APPLICATION FOR
NAVY CONTRACT POSITIONS
JULY 22, 2002

THIS IS NOT A CIVIL SERVICE POSITION

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 3:00 PM EST ON OR BEFORE AUGUST 12, 2002. SEND OR EMAIL YOUR APPLICATION TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND
ATTN: Code 02 (Joanne Keyser)
1681 NELSON STREET
FORT DETRICK MD 21702-9203
Email: JMKeyser@us.med.navy.mil
Phone: (301) 619-2138

A. NOTICE. This position is set aside for individual Social Workers Case Management only. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer,

B. POSITION SYNOPSIS. LICENSED CLINICAL SOCIAL WORKER (CASWCM) The Government is seeking to place under contract an individual who holds a current, unrestricted license to practice as a licensed Clinical Social Worker Nurse in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands. This individual must also (1) meet all the requirements contained herein and (2), competitively win this contract award.

Services shall be provided for the Naval Hospital, Corpus Christi, TX.

You shall be on duty in the assigned clinical area 80 hours per two-week period. Services shall be required for an 8.5 or 9 hour period (to include an uncompensated .5 hour or 1 hour for lunch, depending on shift length) as scheduled, usually between the hours of 0630 and 1630, Monday through Friday. At the mutual agreement of the nurse case manager and the government, alternative schedules may be implemented, such as a compressed work schedule. Generally, you shall not be required to provide services in excess of 80 hours per two-week period. Specific hours and days shall be scheduled one month in advance by the Department or Directorate Head. Any changes in the schedule shall be coordinated between the nurse case manager and the Government. The nurse case manager shall arrive for each scheduled shift in a well-rested condition.

Overtime. Occasionally, overtime may be required. Overtime may or may not be scheduled in advance, depending on workload fluctuations. The health care worker shall be compensated with an equal amount of compensatory time off.

Transportation. You are required to possess a valid driver's license and shall provide your own transportation when a government vehicle is unavailable. When using a personal vehicle for work, the SWCM shall be compensated for mileage at the prevailing rate. You shall not transport the patient or the patient's family in your personal or government vehicle without prior approval from the department head.

You shall accrue 8 hours of paid personal leave (to be used for both planned and unplanned absences) at the end of every 2 week period worked. Your services shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. You shall be compensated by the Government for these periods of planned absence. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year

with options to extend the contract for a total of five years. The contract will be renewable each fiscal year at the option of the Navy.

II. STATEMENT OF WORK

A. The use of "Commanding Officer" means: Commanding Officer, Naval Ambulatory Care Center, Groton, CT, or designated representative, e.g. Contracting Officer Representative, Technical Liaison, or Department Head.

B. SUITS ARISING OUT OF MEDICAL MALPRACTICE. The health care worker(s) is (are) serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance.

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. GENERAL DUTIES AND RESPONSIBILITIES: Services provided under this contract comply with the National Association for Social Workers (NASWs') Standards for Social Work Case Management, Standards of the Joint Commission: Standards of Practice of the Case Management Society of America: the American Accreditation Health Commission/Utilization Review Advisory Commission (URAC): other applicable credentialing and accreditation agencies and applicable provisions of law and the rules and regulations of any and all governmental authorities pertaining to:

- Licensure and/or regulation of healthcare personnel in treatment facilities, and
- The regulations and standards of professional practice of the treatment facility, and,
- The bylaws of the treatment facility's professional staff.

1. Administrative and Training Requirements – The Social Work Case Manager (SWCM) shall:

1.1. Provide training and/or direction as applicable to supporting Government employees (i.e. hospital corpsmen, technicians, students, etc.) assigned to them during the performance of duties. The SWCM shall perform limited administrative duties which include maintaining statistical records of clinical workload, participating in education programs, and participating in clinical staff quality assurance functions and Process Action Teams, as prescribed by the Commanding Officer.

1.2. Participate in Utilization Management/Case Management Division meetings, at the call of the Division Officer, to review and identify opportunities to improve treatment provided, and recommend corrective action when problems exist.

1.3. Participate in the provision of monthly inservice training for non-healthcare-practitioner members of the clinical and administrative staff on subjects germane to social work and social work CM services. This shall include responsibility for developing and implementing psychoeducational programs, community relations, information and referral.

1.4. Actively participate in the Command Performance Improvement Plan.

1.5. Liaise with the Nurse Case Manager Program Manager in the development and implementation of the Case Management Program. Integrate as a team, social work case management and nurse case management. Develop

local strategies that use the strength and disciplines of both nursing and social work to accomplish case management. Participation shall include, but not be limited to, appropriate documentation and reporting.

1.6. Attend annual renewal of the following Annual Training Requirements: case management, family advocacy, disaster, Sexual Harassment and other courses as directed.

1.7. Help maintain good interdepartmental relations through positive communication and work coordination.

1.8. Provide patient referrals.

1.9. Attend Composite Healthcare System (CHCS) training provided by the Government for a minimum of four (4) hours, and up to a maximum of 40 hours.

1.10. Maintain current certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; or American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent. The Navy will provide recertification during normal working hours.

2. CLINICAL DUTIES – The scope of practice is based on a nurse case manager/social worker case manager team approach. As an interdependent member of this health care team, the SWCM shall provide important components of primary health care through direct social work services, consultation, collaboration, and referral. Social work, patient teaching and health advocacy are key components of practice. Productivity is expected to be comparable to that of SWCMs authorized the same scope of practice. Workload includes direct and indirect services to both inpatients and outpatients in accordance with social work standards of practice. Home visits may be required to accomplish patient assessments. Routine workload is generated by the hospital's medical staff through written or verbal consultation requests. Secondary workload is the result of drop-in, telephonic, and other unscheduled requests. The SWCM is responsible for a full range of casework services, dependent upon the quantity and quality of existing caseload. The SWCM may be assigned as a consultant to the Medical or Surgical Services and to conduct psychosocial rounds as appropriate. The SWCM shall:

2.1. Assess and treat inpatients in individual, group, couples, and family modalities exercising mature professional judgment and using a wide range of social work skills to include individual and family counseling to assist patients and their families in dealing with chronic and acute diseases/injuries.

2.2. Assess and treat outpatients in individual, group, couples, and family modalities exercising mature professional judgment and using a wide range of social work skills to include individual and family counseling to assist patients and their families in dealing with chronic and acute diseases/injuries.

2.3. Conduct psychosocial assessments to determine patient needs and resources (both family support and community support). Provide counseling to patient and family in matters directly related to patients' limitation, adjustment to medical condition, and ongoing treatment. Develop and implement discharge plans, follow-up care, and transfers to other health care facilities (e.g., nursing homes, rehabilitation hospitals, and VA facilities).

2.4. Plan and maintain referral and coordination services with civilian health and social service agencies to provide optimal patient care.

2.5. Provide consultation services to medical, nursing, and ancillary hospital staff regarding psychosocial issues, discharge plans, and follow-up care for patients and families.

2.6. Provide crisis intervention services, as directed.

2.7. Develop and implement educational programs.

2.8. With Chain of Command approval, respond to appropriate requests for lectures and presentations within both the military and civilian communities. Consult with Naval Hospital Command and administration to supply

information and feedback regarding procedures and services provided by the Psychology Division, Social Worker Department or Behavioral Health Care Division.

2.9. Community relations - Develop and maintain working relationships with community resources. Coordinate with teachers, lawyers, physicians, and representatives of the military services for the benefit of service members and their families. Take initiative in identifying and assessing the needs of the military community, and organize responses to address those needs.

2.10. Information and referral - Act as a human services broker, using clinical judgment and knowledge of area resources to provide information and referrals to patients and other care providers.

3. CREDENTIALING AND PRIVILEGING REQUIREMENTS.

3.1. Upon award, you shall complete an Individual Credentials File (ICF) prior to performance of services. Completed ICF must be forwarded 30 days prior to performance of duties to the MTF's Professional Affairs Department. The ICF, maintained at the MTF, contains specific information with regard to qualifying degrees and licenses, past professional experience and performance, education and training, health status, and current competence as compared to specialty-specific criteria regarding eligibility for defined scopes of health care services. BUMED Instruction 6320.66C, Section 4 and Appendices B and R detail the ICF requirements. A copy of this instruction may be obtained from the World Wide Web at: <http://www-nmlc.med.navy.mil/Code02/contractorinfo.htm>.

3.2. If individual clinical privileges have been summarily suspended pending an investigation into questions of professional ethics or conduct, that individual's performance under this contract may be suspended until clinical privileges are reinstated. No reimbursement shall be made and no other compensation shall accrue to the SWCM so long as performance is suspended. The denial, suspension, limitation, or revocation of clinical privileges based upon practitioner impairment or misconduct shall be reported to the appropriate authorities.

D. MINIMUM PERSONNEL QUALIFICATIONS. To be qualified for this position you must:

1. Possess a master's degree in social work from an accredited school of Social Work.
2. Have at least two years postgraduate experience as a SWCM.
3. Possess current, unrestricted license or certification to practice Clinical Social work in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.
4. Certification as Certified Advanced Social Work Case Manager (CASWCM) by the National Association of Social Workers OR possess a minimum of 3 years experience within the preceding 5 years as a social work case manager in a hospital-based setting performing medical crisis counseling, discharge planning, and/or working in Pediatrics, Adolescent Medicine or Internal Medicine.
5. Provide two letters of recommendation from practicing physicians or social work supervisors attesting to clinical and professional skills, competencies, patient rapport, training abilities, etc. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must have been written within the preceding 2 years.
6. Represent an acceptable malpractice risk to the Navy.
7. Be eligible for U.S. employment. Please provide copies of supporting documentation.

E. **FACTORS TO BE USED IN A CONTRACT AWARD DECISION.** If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified applicants using the following criteria, listed in descending order of importance.

1. Experience and training as it relates to the duties contained herein, then,

2. The letters of recommendation, Item D.4., above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise, etc, then,
3. Additional Medical certifications or licensure, then,
4. Total Continuing Education hours in the medical field, then
5. Prior experience in a military medical facility (Form DD214).

F. INSTRUCTIONS FOR COMPLETING THE APPLICATION. To be qualified for this contract position, you must submit the following:

1. _____ A completed "Personal Qualifications Statement – Social Worker" (Attachment 1).
2. _____ A completed Pricing Sheet (Attachment 2).
3. _____ Proof of employment eligibility (Attachment 3).
4. _____ Two letters of recommendation per paragraph D.5., above. (If applicable)
5. _____ Central Contracting Registration Confirmation Sheet (Attachment 4)
6. _____ Small Business Representation (Attachment 5)

*Please answer every question on the " Personal Qualifications Statement – Social Worker ". Mark "N/A" if the item is not applicable.

G. Other Information for offerors.

Frequently asked questions about Individual Set-Aside (ISA) requirements are answered in the ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Contractor Employment Opportunities/Information.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr.gov> This website contains all information necessary to register in CCR.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even though you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for this position is 621399.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423. Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment III, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Any questions must be directed to Ms. Joanne Keyser who may be reached at jmkeyser@us.med.navy.mil or by fax at (301) 619-6793.

We look forward to receiving your application.

ATTACHMENT 1
PERSONAL QUALIFICATIONS SHEET - SOCIAL WORKER

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).
2. The information you provide will be used to determine your acceptability based on Section D of the solicitation. In addition to the Personal Qualifications Sheet, please submit two letters of recommendation as described in Item VII. of this Sheet.
3. After contract award, all of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education Degree, Professional Licensure, Release of Information, Personal and Professional Information Sheet, all medical licenses held within the preceding 10 years, continuing education certificates, and employment eligibility documentation. If you submit false information, your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts.
4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.

5. Practice Information:

- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 1. Have you ever been the subject of a malpractice claim?
(indicate final disposition of case in comments) | ___ | ___ |
| 2. Have you ever been a defendant in a felony or misdemeanor case?
(indicate final disposition of case in comments) | ___ | ___ |
| 3. Has your license to practice or DEA certification ever been revoked
or restricted in any state? | ___ | ___ |

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

Signature _____

Date _____

PERSONAL QUALIFICATIONS SHEET - SOCIAL WORKERI. General Information

Name: _____ SSN: _____

Last First Middle

Address: _____

Phone: _____

II. Professional Education:MS Degree in Social Work from: _____
(Name of accredited School and location)

Date of Degree: _____ (mm/dd/yy)

III. Independent Social Worker Licensure or Certification (Licensure/Certification must be current, valid, and unrestricted):_____
State Date of Expiration License/Certification NumberCertification Advanced Social Work Case Manager (CASWCM)_____
Date of Certification Certification Number

OR

Possess a minimum of 3 years experience within the preceding 5 years as a social work case manager in a hospital-based setting performing medical crisis counseling, discharge planning, and/or working in Pediatrics, Adolescent Medicine or Internal Medicine. Provide experience below or on a separate page.

IV. Continuing Education :

<u>Title of Course</u>	<u>Course Dates</u>	<u>CE Hrs</u>

V. Professional Employment: List your current and preceding employers. Provide dates as month/year.

<u>Name and address of present employer</u>	<u>From</u>	<u>To</u>	<u>Position held</u>
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(1) _____			

Names and addresses of preceding employers

	<u>From</u>	<u>To</u>	<u>Position held</u>
(2)	_____		

	<u>From</u>	<u>To</u>	<u>Position held</u>
(3)	_____		

	<u>From</u>	<u>To</u>	<u>Position held</u>
(4)	_____		

Are you are currently employed on a Navy contract? _____ If so where is your current contract and what is the position? _____ When does the contract expire? _____

VI. Professional References:

Provide two letters of recommendation from practicing physicians or social work supervisors attesting to clinical and professional skills, competencies, patient rapport, training abilities, etc. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must have been written within the preceding 2 years.

VII. Employment Eligibility (Provide copies of supporting documentation)

	<u>Yes</u>	<u>No</u>
Do you meet the requirements for U.S. Employment Eligibility contained in Section V?	_____	_____

VIII. Basic Life Support Level C: Certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent.

Training Type listed on Card: _____

Expiration Date: _____(mm/dd/yy)

IX. Additional Medical Certifications or Licensure:

Type of Certification or License and Date of Certification or Expiration

X. I hereby certify the above information to be true and accurate:

Signature _____

Date _____

ATTACHMENT 2

PRICING SHEET

PERIOD OF PERFORMANCE

Services are required from 30 SEP 2002 through 30 SEP 2003. Four option periods will be included which will extend services through 30 SEP 2007, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price should be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Social Workers in the Corpus Christi area. The hourly price includes consideration for the following taxes and insurance that are required:

(a) Please note that if you are awarded a Government contract position, you will be responsible for paying all federal, state and, local taxes. The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you propose for the base period will be added to the proposed price for all option periods for the purpose of price evaluation.

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
0001	The offeror agrees to perform, on behalf of the Government, the duties of one Social Worker for the Naval Hospital, Corpus Christi, TX in accordance with this application and the resulting contract.				
0001AA	Base Period; 30 SEP 02 thru 29 SEP 03	2088	Hour	_____	_____
0001AB	Option Period I; 30 SEP 03	8	Hour	_____	_____
0001AC	Option Period II; 01 OCT 03 thru 30 SEP 04	2096	Hour	_____	_____
0001AD	Option Period III; 01 OCT 04 thru 30 SEP 05	2088	Hour	_____	_____
0001AE	Option Period IV; 01 OCT 05 thru 30 SEP 06	2080	Hour	_____	_____
0001AF	Option Period V; 01 OCT 06 thru 29 SEP 07	2080	Hour	_____	_____

TOTAL FOR CONTRACT LINE ITEM 0001 \$ _____

Printed Name _____ DUNS # _____

Signature _____ Date _____

Email Address _____

LISTS OF ACCEPTABLE DOCUMENTS – ATTACHMENT 3

SUBMIT ONE FROM LIST A

LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C

LIST B

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
 2. ID card issued by federal, state or local government agencies of entitles provided it contains a photograph or information such as name, date of birth, sex height, eye color, and address
 3. School ID card with a photograph
 4. Voter's registration card
 5. U.S. Military card or draft record
 6. Military dependant's ID Card
 7. U.S. Coast Guard Merchant Mariner Card
 8. Native American tribal document
 9. Driver's license issued by a Canadian government authority
- For persons under age 18 who are unable to present a document listed above;**
10. School record or report card
 11. Clinic, doctor, or hospital record
 12. Day-care or nursery school record

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American Tribal document
5. U.S. Citizen ID Card (INS Form I-197)
6. ID Card for use of Resident Citizen in the United States (INS Form I-179)
7. Unexpired employment authorization document issued by the INS (other than those listed under List a).

**ATTACHMENT IV
CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET**

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.com>. If you do not have internet access, please contact the CCR Registration Assistance Centers at 1-888-227-2423.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

When you have done this, please include it with your application or mail or fax "**THIS COMPLETED CONFIRMATION SHEET**" to:

Naval Medical Logistics Command
ATTN: Code 02 (Joanne Keyser)
1681 Nelson Street
Fort Detrick, MD 21702-9203
FAX (301) 619-6793

Name: _____

Address: _____

Date CCR was submitted: _____

Assigned DUN & BRADSTREET #: _____

ATTACHMENT 5
SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application this position is set-aside for individuals, as an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

- () The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- () The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined in 13 CFR 124.1002.

Section B

[*Complete if offeror represented itself as disadvantaged in this provision.*] The offeror shall check the category in which its ownership falls:

- ___ Black American.
- ___ Hispanic American.
- ___ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
- ___ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).
- ___ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

Quoter's Name: _____

Notice of Contracting Opportunity No.: JK-10-02